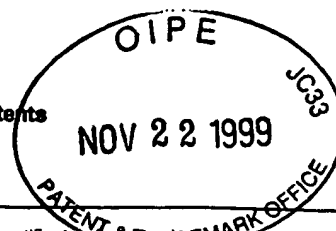


PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

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Assistant Commissioner for Patents
Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All future correspondence including the Issue Fee Receipt, the Patent, advance orders and notices of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and (b) indicating a separate "FEES ADDRESS" for maintenance fee notifications.

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LEYDIG, VOIT & MAYER, LTD.
TWO PRUDENTIAL PLAZA
SUITE 4900
CHICAGO IL 60601-6780

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Matthew W. Olson

(Depositor's name)

Matthew W. Olson

(Signature)

11/16/99

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/863,822	05/27/97	008	SATTIZAHN, B	2762 10/01/99
First Named Applicant: SHULMAN, MATTHEW				

TITLE OF INVENTION

METHOD AND APPARATUS FOR PRESENTING AND SELECTING OPTIONS TO MODIFY
A PROGRAMMING LANGUAGE STATEMENT (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
0	1001/036	395-701.000	C56	UTILITY	NO	\$1210.00 01/03/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Leydig, Voit & Mayer, I

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Microsoft Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Redmond, Washington

Please check the appropriate assignee category indicated below (will not be printed on the patent)

- ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

- ☒ Issue Fee
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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

Gary R. Jarosik, Reg. No. 35,906

11/16/99

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11/23/1999 AMNH001 0000073 00063022

01 FC:142
02 FC:3511210.00 BP
30.00 BP

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